

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Karen Lund Hardy  P.O. Box 21351  Carson City, NV 89721</p>		<p>B. Received by (Printed Name)  Karen L. Hardy</p> <p>C. Date of Delivery</p>	
<p>2. Article Number  (Transfer from service)</p> <p>7007 2680 0002 8822 9885</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
CARSON CITY NV 89721	
Postage	\$ 49.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.00
10/01/2012	
<p>Sent To: Karen Lund Hardy</p> <p>Street, Apt. No., or PO Box No.: Carson City</p> <p>City, State, ZIP+4:</p>	
PS Form 3800, August 2006	
See Reverse for Instructions	

**DOC # 497551**  
 10/09/2012 03:59 PM  
**Official Record**  
 Requested By  
 JOHN SCHLEGELMILCH LTD  
 Lyon County - NV  
 Mary C. Milligan - Recorder  
 Page 1 of 3 Fee: \$16.00  
 Recorded By: AT RPTT

APN # 12-011-15

RPTT Exempt #7

WHEN RECORDED MAIL TO:  
 Law Offices of John P. Schlegelmilch, Ltd.  
 30 Broadway Ave.  
 Yerington, NV 89447



Grantee and Mail Tax Bill To:  
 DAVID E. HARDY and KAREN L. HARDY  
 Trustees of the DAVID AND KAREN HARDY FAMILY TRUST  
 P. O. Box 21351  
 Carson City, Nevada 89721

QUITCLAIM DEED

THIS INDENTURE, made this 5th day of October, 2012, by and between KAREN LUND HARDY, a married woman as her sole and separate property, hereinafter called Parties of the First Part and DAVID E. HARDY and KAREN L. HARDY, Trustees of the DAVID AND KAREN HARDY FAMILY TRUST dated October 5, 2012, hereinafter called the Party of the Second Part.

WITNESSETH:

That the said Parties of the First Part hereby convey to the Party of the Second Part, its heirs, successors, and assigns, all of the right, title, and interest in and to all that real property situate in the County of Lyon, State of Nevada, and more particularly described as follows:

All that certain real property situate in the NW 1/4 of Section 35, Township 13 North, Range 25East, M.D.M., in Lyon County, Nevada, and more particularly describes as follows:

Beginning at the Northeast corner of Parcel 2 of recorded Parcel Map No. 126507, Lyon County records, from which point the North 1/4 Section corner of Section 35 bears North 0° 41' 48" East 30.00 feet; Thence along the 1/4 Section line South 0° 41' 48" West 2606.48 feet to the center 1/4 Section corner; Thence North 89° 12' 23"

West 1317.71 feet to the Southwest corner of Parcel 2; Thence North 0° 40' 23" East 1317.90 feet to an iron pin with cap marked RLS 4045 at the Southeast corner of Parcel 1 of the above cited parcel map; Thence along the South line of Parcel 1 North 89° 13' 16" West 1288.25 feet to the East line of State Route 208; Thence along said line North 0° 38' 58" East 477.55 feet to a 5/8" iron pin with cap marked RLS 4045; Thence South 89° 21' 02" East 276.88 feet to a 5/8" iron pin with cap marked RLS 4045; Thence North 0° 32' 05" East 164.51 feet to a 5/8" iron pin with cap marked RLS 4045; Thence South 89° 47' 41" West 5.00 feet to a 5/8" iron pin with cap marked RLS 4045; Thence North 0° 12' 19" West 645.14 feet to the South line of Cremetti Lane. Thence along said line South 89° 14' 08" East 2345.63 feet to the point of beginning.

This description previously appeared in Doc. No. 196707, Official Records of Lyon County, filed August 27, 1996.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

TO HAVE AND TO HOLD all and singular the said premises, together with the appurtenances, unto the Parties of the Second Part and to their assigns forever.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand the day and year first above written.

*Karen Lund Hardy*  
KAREN LUND HARDY

ACKNOWLEDGMENT

STATE OF NEVADA            )  
  :SS  
COUNTY OF LYON            )

On this 5th day of October, 2012, before me, the undersigned, a Notary Public, personally appeared KAREN LUND HARDY, known to me to be the persons described herein and who



executed the above foregoing instrument, and they acknowledged to me that they executed the same  
freely and voluntarily, and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day  
and year herein above written.


Kathy J. Hall  
NOTARY PUBLIC (SEAL)



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WELLINGTON NV 89444

Postage	\$ 49.70	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 115.00</b>	<b>08/29/2012</b>

Sent To Patricia Herwin

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

WHEN RECORDED-MAIL-TO:

KURT W. HERVIN  
14 NORTH LAKE  
SMITH, NEVADA 89430

Order No. TSL-17132

Estrow No. 173877CH

R.P.T.T. 278.20

XX Based on full value

Based on full value

less liens

INDIVIDUAL GRANT DEED

THIS INDENTURE WITNESSETH:

That for a valuable consideration, receipt of which is hereby acknowledged

CHARLES R. BARRETT and MICHELLE R. BARRETT, Husband and Wife

(GRANTOR),

does hereby grant, bargain, sell, and convey to KURT W. HERVIN and REIKO HERVIN, Husband and Wife and PATRICIA L. HERVIN, An Unmarried Woman All as Joint Tenants

(GRANTEE),

all that real property in the County of LYON, State of Nevada, being Assessor's Parcel Number 10-331-19, specifically described as:

All that certain real property being a portion of the NW 1/4 of the SE 1/4 of Section 27, Township 11 North, Range 23 East, M.D.B.&M., Lyon County, Nevada, described as follows:

Parcel 1 as shown on the Parcel Map for Lilbourn L. & Margaret E. Gorea and Charles R. & Michelle R. Barrett recorded in the Official Records of Lyon County, Nevada, on June 23, 1992 as Document No. 152844.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated January 7, 1997

STATE OF NEVADA

County of Douglas

)  
)SS.  
)

CHARLES R. BARRETT

MICHELLE R. BARRETT

This instrument was acknowledged

before me on January 21, 1997

by CHARLES R. BARRETT AND  
MICHELLE R. BARRETT

MAIL TAX STATEMENT TO:  
SAME AS ABOVE

*Charlene L. Hanover*  
Notary Public



FOR RECORDER'S USE

201751  
OFFICIAL RECORD  
LYON COUNTY, NEV.  
RECORD DEPARTMENT  
Title Service & Recording  
97 JAN 23 AM 0:59  
NANCY L. HARR  
COUNTY RECORDER  
FEE 7.00 PER KH



## STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

Case 3:73-cv-00128-MMD-WGC Document 3 Filed 01/09/13 Page 7 of 13

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH  
VITAL STATISTICS

## CERTIFICATE OF DEATH

2007011672

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Patricia			1b. MIDDLE Lou		1c. LAST HERVIN		2. DATE OF DEATH (Mo/Day/Year) December 14, 2007		3a. COUNTY OF DEATH Carson City		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center				3e. If Hosp. or inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female		
DECEDENT	5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 28, 1926	
	9a. STATE OF BIRTH (If not U.S.A., name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 537-22-8979		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 11 Norton Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Harold GOODRICK						17. MOTHER - NAME (First Middle Last Suffix) Artis DAVIS					
	18a. INFORMANT- NAME (Type or Print) Kurt HERVIN				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11 Norton Lane Wellington, Nevada 89444							
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory				19c. LOCATION City or Town State Carson City Nevada 89706			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOSE ALFREDO AGUIRRE MD						22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)					
	21b. DATE SIGNED (Mo/Day/Yr) December 18, 2007				21c. HOUR OF DEATH 15:58		22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)				22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703						23b. LICENSE NUMBER 11479					
REGISTRAR	24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
	PART I (a) Cardiac Arrest											
	DUE TO, OR AS A CONSEQUENCE OF:											
	(b) Acute Coronary Syndrome											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:											
	(c)											
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.											
	Acute Renal Failure, Chronic Obstructive Pulmonary Disease, Dementia											
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED					
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	

STATE REGISTRAR

464967

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 02 2013

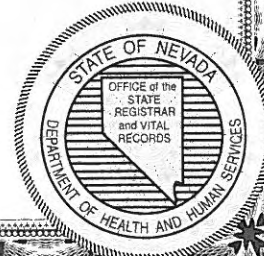
STATE REGISTRAR

EXHIBIT A-47

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-E3v





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<p>1. Article Addressed to:</p> <p>Jon W. Hopkins 19000 Golden Meadows Dr. Volcano, CA 95689</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	


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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
VOLCANO CA 95689	
Postage	\$ 49.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.00
<p>Sent To <u>Jon W. Hopkins</u></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	



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<p>1. Article Addressed to:</p> <p style="text-align: center;">Lisa M. Hopkins            19000 Golden Meadows Dr.            Volcano, CA 95689</p>		<p>B. Received by (Printed Name) C. Date of Delivery  <i>JOAN A. McPherson</i> <i>09-14-12</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7011 1150 0002 4769 6260</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
VOLCANO CA 95689		
Postage	\$ 9.70	0529 05 Postmark HOP 29 2012 08/29/2012 87529
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 15.00	
Sent To <i>Lisa M. Hopkins</i> Street, Apt. No., or PO Box No. City, State, ZIP+4		
PS Form 3800, August 2006		See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Richard C. Huntsberger P.O. Box 250 Smith, NV 89430</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 9-1-12</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 1150 0002 4769 6277</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
SMITH NV 89430		
Postage	\$	49.70
Certified Fee		2.95
Return Receipt Fee (Endorsement Required)		2.35
Restricted Delivery Fee (Endorsement Required)		0.00
Total Postage & Fees	\$	15.00
0529 05 Postmark Here 08/29/2012		
Sent to <u>Richard C. Huntsberger</u>		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		



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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Coale Robert Johnson 74 Rockaway Avenue San Francisco, CA 94127</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) <b>7011 1150 0002 4769 6284</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
SAN FRANCISCO CA 94127		
Postage	\$	9.70
Certified Fee		2.95
Return Receipt Fee (Endorsement Required)		2.35
Restricted Delivery Fee (Endorsement Required)		40.00
Total Postage & Fees	\$	115.00
		08/29/2012
<p>Sent to: Coale Robert Johnson</p> <p>Street Apt. No. or PO Box No. 74 Rockaway Ave</p> <p>City, State, ZIP+4 San Francisco 94127</p>		
PS Form 3800, August 2006 See Reverse for Instructions		

7011 1150 0002 4768 6193

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LONE PINE CA 93545

Postage	\$	\$9.70
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$15.00

07 8102  
Postmark Here  
NVP  
01/04/2013

Sent To: COAL ROBERT JAMESON  
Street, Apt. No.,  
or PO Box No. P.O. Box 753  
City, State, ZIP+4<sup>®</sup> Lone Pine CA 93545

PS Form 3800, August 2006 See Reverse for Instructions





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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70111150000247686193	Priority Mail®	Delivered	January 08, 2013, 11:29 am	LONE PINE, CA 93545	<b>Expected Delivery By:</b> January 7, 2013 Certified Mail™ Return Receipt
		Notice Left	January 08, 2013, 8:43 am	LONE PINE, CA 93545	
		Arrival at Unit	January 08, 2013, 7:52 am	LONE PINE, CA 93545	
		Depart USPS Sort Facility	January 07, 2013	SANTA CLARITA, CA 91383	
		Processed through USPS Sort Facility	January 06, 2013, 5:32 pm	SANTA CLARITA, CA 91383	
		Dispatched to Sort Facility	January 04, 2013, 4:54 pm	EL PRADO, NM 87529	
		Acceptance	January 04, 2013, 2:10 pm	EL PRADO, NM 87529	

Check on Another Item

What's your label (or receipt) number?

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